

State of New Hampshire Department of Environmental Services



Application for Lead Clearance Testing Technician

APPLICATION FOR CERTIFICATION

Note: This discipline is also known as dust testing technician or lead sampling technician.

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

SECTION IAPPLICANT INFORMATION

1. Name:				
	Last	First		MI
	under which you have been certified or lead abatement professional:			
3. Date of Birth:	Social Security Number:			
		(For Identi	fication Purpos	ses Only)
4. Address:				
Street			Apt. No.	
	City/Town	-	State	Zip
5. Mailing Addr	ess (If different from above)			
	SECTION II EMPLOYER INFORMATION			
	EMPLOTER INFORMATION			
7. Corporation o	r Firm Name:			
8. Address:				
	Street			
	City/Town	State		Zip
9. Mailing Addr	ess (If different from above)			
10.Work Phone:				

SECTION IIILICENSING HISTORY

YE	S	NO						
]		Have you previously applied for a lead clearance testing technician certificate in the State of New Hampshire? If "Yes", please give: Date of last application:					
			If "Yes", pl	ve you ever held a New Hampshire lead clearance testing technician certification? 'Yes", please list: Date of last certification:				
				Certification number:				
]		Are you licensed, certified or permitted as a lead clearance testing technician, dust testing technician or lead sampling technician in any state other than New Hampshire? If "Yes", please list:					
		ST	ATE	CERTIFICATION DATE	CERTIFICATION NUMBER			
-								
•								
	Are there any pending or complete state, federal or local enforcement actions (i. Notices of Violation, Administrative Orders, Consent Decrees, Notices of Perm Revocation or Denial, or Civil or Criminal Actions) against you which resulted from lead base substance abatement activities within the past 10 years? If "Yes", please explain:							
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SECTION IVTRAINING INFORMATION

Please complete the section below and attach documentation of the certified lead clearance testing technician training courses you have completed.

Course Title		Training Provider	Date of Completion				
 SECTION V CHECKLIST OF REQUIRED DOCUMENTATION 1.) Certificates or other documents which have been issued and certified as accurate by the training provider for all lead training courses listed above. 2.) A current, clear, and unstapled color photograph of yourself (such as passport 							
	 photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with Window's Image Program or Paint Program. 3.) If you are seeking licensure under the reciprocity provisions of He-P 1603.02: Originals or photocopies of licenses, certificates or other documents which have been issued and certified as accurate by another state or jurisdiction. 						
SECTION VI STATEMENT OF COMPLIANCE You must read, or have read to you, the following statement and sign on the line provided:							
I certif Admin applica Contro	fy that I have read and understantistrative Rules and meet the qualistration is prepared in conformity of Rule (He-P 1603.03) and that end hereto, is true and correct to the	nd the New Hampshire Lead Point ifications for receiving certification with the New Hampshire Lead all information contained herein	oisoning Prevention Act and on. I further certify that this I Poisoning Prevention and including any supplements				
	APPLICANT'S SIGNATURE:DATE						

SECTION VII *MAILING INSTRUCTIONS*

Send completed application to:

New Hampshire Department of Environmental Services Bureau of Environmental & Occupational Health P.O. Box 95 29 Hazen Drive Concord, NH 03302-0095

ATTN: Marjorie Yin Phone: 603-271-4555

DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$50.00 AS SPECIFIED IN He-P 1603.04(b)(1)

CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO: "TREASURER", STATE OF NEW HAMPSHIRE"

my/app-samplingtechnician.doc 08/29/04